The 2014 REVIEW OF PROCESS AND MANAGEMENT OF THE NIH COMMON FUND

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Councils of Councils Members and Co-Chairs of Common Fund Evaluation Working Group

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Common Fund Evaluation Working Group (CFEWG) Membership

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Charge

Overarching Evaluation Goals

- Assess and advise on the processes used to manage the CF, including those used to plan and implement/oversee programs.
 - Are planning processes optimal for identifying program areas that meet the CF criteria?
 - Are management/oversight processes optimal for achieving program goals?

Major Activities of CFEWG Members

- Participated in bi-weekly conference calls and face-to-face meetings
- Reviewed CF documents
- Worked with Contractor to develop survey and interview questions for diverse NIH groups – IC Directors, CF Working Groups members, Planning and Evaluation Officers, Budget POCs, Grants Management Officers, Extramural Program Management Committee members, and OSC staff.
- Conducted interviews (individual and group)
- Worked with Contractor to analyze data and develop the report
- Developed recommendations
- Wrote and submitted report to NIH Council of Councils (CoC)



Project Timeline

Activity	Timeline	
CFEWG established at the CoC meeting September 24, 201		
Kick-off meeting with all CFEWG members	I CFEWG members November 19, 2013	
i-weekly conference calls to review CF materials November 19, 2013 – June 17,		
Face-to-face meeting #1	January 30, 2014	
Interviews with NIH staff	January 30 – February 27, 2014	
Online 2014 Common Fund Survey for NIH staff	February 27 – March 17, 2014	
Face-to-face meeting #2 May 15, 2014		
CFEWG presents findings and recommendations to the CoC	June 20, 2014	



Sample Questions for Strategic Planning Process

PH INTERNAL INPUT	IASE 1 EXTERNAL INPUT	PHA REFINEMENT	DECISION
IC SENIOR STAFF IC DIRECTORS OSC/DPCPSI	BROAD MEETINGS REQUEST FOR INFORMATION	PORTFOLIO ANALYSIS FOCUSED MTGS	IC DIRECTOR DISCUSSIONS AND PRIORITY SETTING
• NIH DIRECTOR	SOCIAL MEDIA CONCEPT CLEARANCE BY COUNCIL OF COUNCILS	TRANS-NIH WORKING GROUP PROPOSAL	NIH DIRECTOR DECISIONS

- What are the best methods to engage the broader scientific community?
- Do the concepts, as currently written at the end of Phase 1, allow effective review by the CoC? Should the format and content of the concepts be adjusted?
- Do Phase 2 processes result in clearly articulated goals and expected milestones?
- What should the process be for planning intramural-only programs?
- Do IC Directors and the CoC have appropriate levels of input to guide the development of Phase 2 proposals?

Sample Questions for Management Process

- Are expectations for programs clearly articulated in funding announcements, program kick-off documents, websites, program materials?
- Are management/oversight processes helpful in ensuring goals are met?
- Are management processes flexible and adaptive to changing scientific landscapes?
- What should the process be for management of intramural-only programs?
- Is the Working Group structure meeting the management and oversight needs of the programs?

Findings for Strategic Planning Process

- CF investment is an effective use of NIH resources.
- The CF has increased the likelihood of collaborative and highimpact trans-NIH programs and activities. There has been a positive shift in attitudes since 2005.
- There is general satisfaction with current process for soliciting ideas from ICs.
- Need to actively engage more ICs and be more creative in identifying CF-relevant concepts.
- CF programs are more successful when they are specific and focused and have clearly articulated goals after a well-conducted portfolio analysis.

Findings for Strategic Planning Process

- Decision-making requires more transparency, input, and active and informed engagement and involvement by all stakeholders in the CF.
- More time might be needed for effective strategic planning.
- More consistency, clarity, and transparency in the decisionmaking and prioritization processes is needed for selecting concepts for CoC clearance.
- Need to more clearly define how rapid responses become an "emergency concept," differ from other "high-priority" concepts, and are relevant to the CF.

Phase 1 Planning

- Enhance efforts to educate and inform the scientific community about the purpose and goal of the CF.
- 2. Revise the solicitation process in Phase 1 planning to broaden the diversity and scope of input without overburdening the process with ideas that are irrelevant and inappropriate.
- 3. Evaluate what has worked well, and what has not, in the process for soliciting ideas and concepts internally from ICs and externally from participants at expert meetings, and improve the process where possible.
- 4. Clearly articulate the purpose and goal of the CF to participants in expert meetings to maximize the relevance of ideas generated.
- 5. Enhance and refine the existing Phase 1 planning processes to maximize the effectiveness of gathering input from external and internal sources during the allotted nine months, including developing different approaches and mechanisms for external meetings of experts.

- 6. Draft guidelines that formalize the process for articulating and developing ideas so that they are presented in a "Common Fund-able" way.
- Establish other approaches, including a CF pilot project process, that could enhance flexibility in the CF strategic planning process for determining which ideas warrant additional investment.
- Establish mechanisms that allow more flexibility for managing the development of concepts and refining concepts into program proposals.

Rapid Planning for Urgent Needs

 Define criteria and establish a standard operating procedure for rapid responses to emergency challenges and opportunities that are consistent with the CF purpose and goal and justifies CF investment.

Council of Councils Review

10. Review and revise procedures by which the CoC reviews and assesses concepts for clearance, including developing and articulating guidelines for the criteria used to eliminate or modify ideas before being sent to the CoC for clearance.

Phase 2 Planning

- 11. Establish and articulate the process by which cleared concepts develop and progress into CF programs.
- 12. Ensure sufficient time and resources are available for comprehensive and consistent portfolio analyses.
- 13. Clearly define and clarify the roles and responsibilities of OSC and WG members in Phase 2.



- 14. Provide more opportunities for IC Directors and the CoC to enable sufficient feedback on concepts that are being developed in Phase 2.
- 15. Ensure sufficient representation on the CoC or a subcommittee of CoC to enable all ICs to participate in Phase 2.
- 16. Ensure greater transparency and clarity surrounding the process by which programs exit Phase 2 as funded CF programs.
- 17. Streamline and clarify the steps for selecting Phase 2 ideas and developing them into program proposals.

Intramural-only CF Programs

18. Develop a concrete framework for when a program is suitable for an intramural-only program, including further clarifications regarding the criteria.



Communication and Input

- 19. Develop a mechanism to increase IC Directors' input to the OD in decision making on CF programs.
- Improve communication and working relationships between OSC and IC staff developing CF programs.
- 21. Communicate as early as possible the availability of funds to support new CF programs.

- Brief Overview of Management Processes & Findings
- Nearly all survey respondents agreed that "...the scientific mission of individual ICs benefits from working with other ICs on grants/projects."
- A majority of participants agreed that "...Common Fund programs have increased the likelihood of collaborative, high-impact trans-NIH programs and activities."
- When the FOAs had clearly articulated goals and milestones, the likelihood of meeting these targets was higher.

- Epigenomics and HMP were examples of programs with clear expectations and effective management strategies that supported accomplishment of goals stated in their FOAs.
- A majority of survey respondents agreed that OSC staff provided timely guidance during FOA development.
- Respondents noted that most OSC staff have experience in communicating and providing guidance to WGs.
- Many felt the current WG structure is effective in meeting the scientific goals of the program. A majority felt that the current WG structure effectively manages CF programs.

- CF goals and responsibilities of PIs were not uniformly made clear to CF grantees.
- Progress of CF Programs is documented in Annual Progress
 Reports, in addition to scientific progress also reports issues the WGs
 encountered, changes in the scientific environment and plans for the
 upcoming fiscal year.
- Some WG interviewees were unclear about expectations for the specific content in the Annual Progress Reports.
- Some CF program staff are unclear about the expectations of OSC Program Directors regarding interactions with OSC.

- Many IC Directors reported feeling more detached from the decisionmaking process in recent years, which contributed to a decreased enthusiasm for the CF.
- Interviews showed that IC Directors who are leading or very involved in a CF program closely monitor the progress of the program against its milestones.
- IC Directors felt they receive almost no information, if their IC is not directly involved.
- Detailed information on the management process of IRP-only programs could not be identified, and it was unclear how or why a particular process was chosen and pursued.

Key Recommendations for FOAs and Kick-off meeting

- 22. Provide a comprehensive template for essential elements in CF program FOAs
- 24. Include information in the FOAs about how the CF is funded.
- 26. State goals and milestones explicitly in FOAs and kick-off meetings.
- 27. A kick-off meeting for all new CF programs should be held with funded Pls, NIH staff, Steering Committee members, and external Scientific Advisory Committee members. The program's overall organization should be described in the CF Handbook to inform participants about the program.

Key Recommendations for CF WGs and OSC Program Directors

- 28. OSC Program Directors should educate WGs about the need for and use of Annual Progress Reports.
- 30. Define the working relationships and interactions between OSC Program Directors and CF WGs.
- 32. Establish clear mechanisms for communications between CF PIs and their respective WGs.
- 33. Encourage all WG members to use the CF Handbook as a guide for program management.

- 34. Provide an orientation on WG structure for new CF programs.
- 35. Gather and disseminate CF "best practices" for the benefit of all WGs.
- 36. Identify CF mentors who have successfully managed CF programs to guide new CF WGs.

Recommendations for Evaluation of CF Programs

- 38. Clearly define evaluation plans at the outset of CF programs.
- 39. Conduct evaluation reviews prior to the end of the first phase of a CF program.
- 40. OSC should conduct annual CF program management reviews to provide feedback to WGs on management of the CF program and whether the goals and milestones are being achieved.

Key Recommendations for Communication and Input

- 42. Explore ways to leverage the benefit of trans-NIH cooperative relationships developed through CF WGs to improve interaction between ICs.
- 44. Provide regular updates on CF programs to IC Directors.
- 45. Provide regular updates on CF programs to the NIH community.
- 47. Improve communication about CF programs by IC Directors.

Recommendation for Intramural-only CF Programs

41. Justify the need for intramural-only CF programs, and establish clear processes for all aspects of intramural-only CF program management.



- Questions
- Discussion
- Vote
- Next Steps